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|---|--|--|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>   |  | <b>Attorney Docket No.</b> SONYJP 3.0-349  |   |
|   |  | <b>First Inventor</b> Tomohiro Katsube   |   |
|   |  | <b>Title</b> SYSTEM, APPARATUS, METHOD AND PROGRAM FOR PROCESSING INFORMATION  |   |
|   |  | <b>Express Mail Label No.</b> EV313691529US  |   |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |  | <b>ADDRESS TO:</b> Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>102</b>]</span><br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>38</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 10px;">  </span>]</span><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |  | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> |   |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>  |  |  |   |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |  |   |
| <p><input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 0 20px;">000530</span> OR <input type="checkbox"/> Correspondence address below</p>  |  |  |   |
| <p>Name <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span></p>   |  |  |   |
| <p>Address <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span></p>  |  |  |   |
| <p>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>   |  | <p>State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p>  | <p>Zip Code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p> |
| <p>Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>  | <p>Telephone <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p> | <p>Fax <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>   |   |
| <p>Name (Print/Type) Robert B. Cohen</p>  |  | <p>Registration No. (Attorney/Agent) 32,768</p>  |   |
| <p>Signature </p>   |  | <p>Date</p>  | <p>December 2, 2003</p>   |



| FEE TRANSMITTAL<br>for FY 2004   |  |      |  | Complete if Known    |                       |
|--|--|------|--|----------------------|-----------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision.              |  |      |  | Application Number   | Not Yet Assigned      |
|  |  |      |  | Filing Date          | Concurrently Herewith |
|  |  |      |  | First Named Inventor | Tomohiro Katsube      |
|  |  |      |  | Examiner Name        | Not Yet Assigned      |
|  |  |      |  | Art Unit             | N/A                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |      |  | Attorney Docket No.  | SONYJP 3.0-349        |
| TOTAL AMOUNT OF PAYMENT  |  | (\$) |  | 1,204.00             |                       |

  

| METHOD OF PAYMENT (check all that apply)              |       |   | FEE CALCULATION (continued) |                                     |             |                          |       |                          |                          |      |
|---|-------|---|-----------------------------|-------------------------------------|-------------|--------------------------|-------|--------------------------|--------------------------|------|
| <input type="checkbox"/>                              | Check | <input type="checkbox"/>  | Credit Card                 | <input type="checkbox"/>            | Money Order | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | None |
| <input checked="" type="checkbox"/> Deposit Account:  |       |   |                             |                                     |             |                          |       |                          |                          |      |
| Deposit Account Number                                |       | 12-1095   |                             |                                     |             |                          |       |                          |                          |      |
| Deposit Account Name                                  |       | Lerner, David, Littenberg, Krumholz & Mentlik, LLP  |                             |                                     |             |                          |       |                          |                          |      |
| The Director is authorized to: (check all that apply) |       |   |                             |                                     |             |                          |       |                          |                          |      |
| <input checked="" type="checkbox"/>                   |       | Charge fee(s) indicated below   |                             | <input checked="" type="checkbox"/> |             | Credit any overpayments  |       |                          |                          |      |
| <input checked="" type="checkbox"/>                   |       | Charge any additional fee(s) during the pendency of this application                              |                             |                                     |             |                          |       |                          |                          |      |
| <input type="checkbox"/>                              |       | Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |                             |                                     |             |                          |       |                          |                          |      |

  

| 1. BASIC FILING FEE |          |              |          |                        |          |
|---------------------|----------|--------------|----------|------------------------|----------|
| Large Entity        |          | Small Entity |          | Fee Description        | Fee Paid |
| Code                | Fee (\$) | Code         | Fee (\$) |                        |          |
| 1001                | 770      | 2001         | 385      | Utility filing fee     | 770.00   |
| 1002                | 340      | 2002         | 170      | Design filing fee      |          |
| 1003                | 530      | 2003         | 265      | Plant filing fee       |          |
| 1004                | 770      | 2004         | 385      | Reissue filing fee     |          |
| 1005                | 160      | 2005         | 80       | Provisional filing fee |          |
| SUBTOTAL (1)        |          |              |          | (\$)                   | 770.00   |

  

| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |          |              |          |  |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
|--|----------|--------------|----------|--|----------|---|--------|--------------|--|--------------|--|-----------------|----------|------|----------|------|----------|--|--|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|--------------|--|--|--|------|--------|
| Total Claims   | 25       | -20** =      | 5        | x  | 18.00    | = | 90.00  |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| Independent Claims   | 7        | -3** =       | 4        | x  | 86.00    | = | 344.00 |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| Multiple Dependent   |          |              |          |  |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th colspan="2" style="font-size: 0.6em;">Large Entity</th> <th colspan="2" style="font-size: 0.6em;">Small Entity</th> <th style="font-size: 0.6em;">Fee Description</th> <th style="font-size: 0.6em;">Fee Paid</th> </tr> <tr> <th style="font-size: 0.5em;">Code</th> <th style="font-size: 0.5em;">Fee (\$)</th> <th style="font-size: 0.5em;">Code</th> <th style="font-size: 0.5em;">Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right; font-weight: bold;">SUBTOTAL (2)</td> <td>(\$)</td> <td>434.00</td> </tr> </tbody> </table> |          |              |          |  |          |   |        | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Code | Fee (\$) | Code | Fee (\$) |  |  | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  |  | (\$) | 434.00 |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| Code   | Fee (\$) | Code         | Fee (\$) |  |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20                                     |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| 1201   | 86       | 2201         | 43       | Independent claims in excess of 3                          |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| 1203   | 290      | 2203         | 145      | Multiple dependent claim, if not paid                      |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| 1204   | 86       | 2204         | 43       | ** Reissue independent claims over original patent         |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| SUBTOTAL (2)   |          |              |          | (\$)   | 434.00   |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |
| **or number previously paid, if greater; For Reissues, see above   |          |              |          |  |          |   |        |              |  |              |  |                 |          |      |          |      |          |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |              |  |  |  |      |        |

  

| 3. ADDITIONAL FEES  |          |              |          |  |          |
|---------------------|----------|--------------|----------|--|----------|
| Large Entity        |          | Small Entity |          | Fee Description  | Fee Paid |
| Code                | Fee (\$) | Code         | Fee (\$) |  |          |
| 1051                | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |          |
| 1052                | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053                | 130      | 1053         | 130      | Non-English specification  |          |
| 1812                | 2,520    | 1812         | 2,520    | For filing a request for ex parte reexamination                            |          |
| 1804                | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805                | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251                | 110      | 2251         | 55       | Extension for reply within first month                                     |          |
| 1252                | 420      | 2252         | 210      | Extension for reply within second month                                    |          |
| 1253                | 950      | 2253         | 475      | Extension for reply within third month                                     |          |
| 1254                | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |          |
| 1255                | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |          |
| 1401                | 330      | 2401         | 165      | Notice of Appeal   |          |
| 1402                | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |          |
| 1403                | 290      | 2403         | 145      | Request for oral hearing   |          |
| 1451                | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452                | 110      | 2452         | 55       | Petition to revive - unavoidable   |          |
| 1453                | 1,330    | 2453         | 665      | Petition to revive - unintentional   |          |
| 1501                | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |          |
| 1502                | 480      | 2502         | 240      | Design issue fee   |          |
| 1503                | 640      | 2503         | 320      | Plant issue fee  |          |
| 1460                | 130      | 1460         | 130      | Petitions to the Commissioner  |          |
| 1807                | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 1806                | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021                | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809                | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810                | 770      | 2810         | 385      | For each additional invention to be examined (37CFR 1.129(b))              |          |
| 1801                | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |          |
| 1802                | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |
| Other fee (specify) |          |              |          |  |          |
| SUBTOTAL (3)        |          |              |          | (\$)   | 0.00     |

  

| SUBMITTED BY      |                 | (Complete if applicable)          |                  |
|-------------------|-----------------|-----------------------------------|------------------|
| Name (Print/Type) | Robert B. Cohen | Registration No. (Attorney/Agent) | 32,768           |
| Signature         |                 | Telephone                         | (908) 518-6316   |
|                   |                 | Date                              | December 2, 2003 |